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Business Systems Analyst I (0307) - Responsible for providing technical direction and operational supervision of the Medicaid Management Information System (MMIS) and provide the identification of changes needed in the system; approve all design changes to ensure that it conforms with prescribed guidelines; ensure existing systems are properly maintained for the optimum support of the Medicaid program; identify needed changes and develop feasible suggestions to accommodate them. (50/50)

Business Systems Analyst I (304) - Responsible for providing technical direction and operational supervision of the Medicaid Management Information System (MMIS) and provide the identification of changes needed in the system; approve all design changes to ensure that it conforms with prescribed guidelines; ensure existing systems are properly maintained for the optimum support of the Medicaid program; identify needed changes and develop feasible suggestions to accommodate them. (75/25)

Senior Program Analyst (0063) - Responsible for providing technical direction and operational supervision of the MMIS and provide the identification of changes needed in the system; ensure existing systems are properly maintained for the optimum support of the Medicaid program; identify needed changes and develop feasible suggestions to accommodate them. (75/25)

Programmer Analyst II (0764) - Responsible for providing technical and analytical support for agency staff, other state agencies, Legislature, Governor's Office, Medicaid provider and recipient communities, and the fiscal agent to ensure that the statistical data is available for analysis to upper management and act as liaison to the fiscal agent relative to the MARS and SURS subsystems. (75/25)

Programmer Analyst I (0323) - Responsible for designing, analyzing, and developing of complex data systems; developing and maintaining application programs, perform testing and debugging of Case Mix Programs and other data systems; designing of reports and screen layouts for new and enhanced systems and Quality Assurance; electronic data review and verification of Case Mix Assessments and other pertinent data; identifying application programs and recommending appropriate solutions. (50/50)

Programmer Analyst II (0233) - Responsible for assisting the technical directing of the operation of the MMIS by ensuring that it properly supports the optimum operations of the Mississippi Medicaid program; provide technical assistance in projects, such as Client/Server conversions, data exchanges with other government agencies, public and private entities and monitoring the ongoing operations of the Medicaid Fiscal Agent; confer with agency directors and review project proposals to determine goals, time frame, and procedures for accomplishing projects; consult with management to analyze computer systems needs for management information and functional operations to determine scope and priorities of projects; recommend and plan for systems development and operations; assist with developing project plans, strategy and scheduling; provide support to end users in selection, usage, and maintenance of software programs and hardware; help in formulating and defining projects and required tasks, monitor project progress, provide direction in establishing standards and procedures for project reporting and documentation; review status reports prepared by project personnel and modify schedules and plans as needed; keep management and others informed of project status and related issues; confer with projects

personnel to resolve problems; coordinate and respond to requests for changes from the original specifications; monitor project results against technical specifications; ensure that technical and project documentation is maintained; monitor the development and implementation of enhancements or modification to the TPL subsystem of the MMIS; monitor and address the resolution of problems identified by the Fiscal Agent; represent the Division of Medicaid in meetings as required to review project progress, system integrity and effect of changes on the MMIS; coordinate, schedule and review performance related to file updates, reconciliation of money and distribution of reports. (75/25)

Business Systems Analyst I (0306) - Responsible for assisting in collecting, coding, classifying, and analyzing data; prepares time, equipment, personnel, and total cost estimates; prepares reports for administrative use; identifies and describes systems and procedures; confers with personnel of operating units or other departments and suggests revisions or plans for obtaining or standardizing input data; analyzes means of deriving input data; prepares flowcharts, block diagrams, and technical reports; distributes and evaluates work of programmers assigned to assist in combined projects. (75/25)

Business Systems Analyst I (0305) - Responsible for providing technical direction and operational supervision of the MMIS and provide the identification of changes needed in the system; approve all design changes to ensure that it conforms with prescribed guidelines; ensure existing systems are properly maintained for the optimum support of the Medicaid program; identify needed changes and develop feasible suggestions to accommodate them. (75/25)

Systems Manager I (0695) - Manages the Division's Local Area Network, including: analyzing, evaluating, recommending, and requesting LAN equipment; managing network connections with fiscal agent and regional offices. (50/50)

Senior Systems Administrator (0062) - Responsible for design, test, and implementation of local area networks (WAN and LAN) systems; analyze computer requirements, and design and implement a plan for the individual office's computer applications; provide network help desk assistance for the 340 users throughout the agency; provide technical assistance agency end-users by analyzing, troubleshooting, and resolving any network operating problems; maintaining the daily operations of all networks thereby preserving the smooth operation of agency's computer systems. (50/50)

Senior Systems Administrator (0172) - Maintains local area network operating system including hardware and software installation and removal; monitors and answers LAN help desk inquiries for division staff; maintains LAN backup procedures, inventory, checkouts logs, and network cable procedures; network new setup and maintenance on servers, workstations, printers, hubs, routers, and gateways; provide end user support to minimize system down time either from the network level and the individual workstation level; monitor day to day operations from network level. (75/25)

Network Specialist I (0311) - Responsible for network new setup and maintenance on servers, workstations, printers, hubs, routers, and gateways; provide end user support to minimize system down time either from the network level and the individual workstation level; monitor day to day operations from network level. (75/25)

TN No. __99-17__

Supersedes TN No. ___95-06___

Date Received _9/29/99_
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Network Specialist (0312) - Responsible for network new setup and maintenance on servers, workstations, printers, hubs, routers, and gateways; provide end user support to minimize system down time either from the network level and the individual workstation level; monitor day to day operations from network level. (50/50)

Programmer Analyst II (0382) - Responsible for analyzing and evaluating existing applications systems, and designing and developing new or enhanced systems to support the user needs; performs data analysis to document data models for systems; designs program modules for new and enhanced systems; codes, tests, and debugs complex system modules; develops and executes plans for unit, systems, integration, stress and regression testing; defines and prepares program documentation information consistent with functional procedures.

Network Specialist II (0456) - Maintains local area network operating system including hardware (servers, workstations, and printers) and software installation and removal, maintenance, operation, and end user support; enhance the ease of use for the end user by minimizing the occurrence of system down time, and thus maximizing end user output; assists in analyzing and resolving network operating and performance problems; maintain and provide technical expertise for the agency's Internet connection and WEB page; make recommendations for new hardware and software to enhance network performance.

Network Specialist II (0160) - Maintains local area network operating system including hardware (servers, workstations, and printers) and software installation and removal, maintenance, operation, and end user support; enhance the ease of use for the end user by minimizing the occurrence of system down time, and thus maximizing end user output; assists in analyzing and resolving network operating and performance problems; make recommendations for new hardware and software to enhance network performance. (50/50)

Senior Systems Administration (0253) - Maintains local area network operating system including hardware (servers, workstations, and printers) and software installation and removal, maintenance, operation, and end user technical support; assist in designing, testing and implementing the data system (LAN) to meet the demands of the end user; investigate, troubleshoot and resolve network operating problems, thus reducing the system's down time and increase the efficiency and productivity level of the end user; maintain and troubleshoot the Citrix dial-in software. (50/50)

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BUREAU OF BUDGET AND FINANCE

Bureau Director II (0145) - Monitors Bureau of Budget & State Reporting, Bureau of Reimbursement, and Bureau of Finance and Accounting and reports progress; completes special projects as assigned which are necessary to accomplish the goals of the agency. (50/50)

Bureau Director, Deputy (0168) - Analyzes and prepares all agency health care budgets for maximum benefit of available federal funds and prepares federal reports as requested. (50/50)

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BUREAU OF ELIGIBILITY DETERMINATION

Bureau Director II (0060) - Responsible for eligibility policy and development and implementation and supervision of Regional Offices' staff designated for eligibility determination purposes; coordinates with the State Department of Human Services for matters pertaining to eligibility for families and children and the Social Security Administration for matters pertaining to SSI-related eligibility. (50/50)

Operations Management Analyst, Principal (0705, 0379, 0321) -Develops and implements eligibility policy and MEDS system development; provides policy and program clarification for eligibility issues. Supervises field staff. (50/50)

Secretary Principal (0064, 0070) - Provides secretarial support to the Division Director and other staff. (50/50)

Medicaid Program Development Specialist (0026, 0084, 0177) - Responsible for eligibility policy and program development and to ensure proper application of eligibility criteria; counsels with recipients and their families via telephone and written correspondence. (50/50)

Medicaid Training Officer (0082) - Provides training in technical and administrative aspects to the regional office staff who are involved in eligibility determination and serves as state hearing officer for eligibility hearings. (50/50)

Medicaid Area Supervisors (0080, 0081, 0602) - Provides technical eligibility and administrative supervision to the Regional Offices' eligibility determination staff (50/50).

Medicaid Program Administrator (0261) - Coordinates the State Buy-In program for Medicare purposes. (50/50)

Medicaid Specialists Supervisors (0087, 0088, 0089, 0090, 0091, 0092, 0093, 0094, 0095, 0603, 0604, 0605, 0606, 0607, 0608, 0609, 0610, 0611, 0612, 0613, 0614, 0615, 0616, and 0617) - Provides technical and administrative supervision to Regional Office staff involved in the eligibility determination function. (50/50)

Medicaid Specialist Supervisor, Assistant (0155, 0179, 0180, 0181, 0403, 0404, 0405, 0406, 0407, 0408, 0409, 0410, 0411, 0412, 0413, 0414, 0415, 0416, 0417, 0418, 0419, 0420, 0421, 0422, 0423, 0424, 0425, 0426) - Serves as an assistant to the Medicaid Specialist Supervisor in the Regional Offices. (50/50)

Medicaid Specialist (0647, 0648, 0118, 0153, 0636, 0637, 0099, 0120, 0643, 0645, 0650, 0651, 0652, 0662, 0663, 0644, 0646, 0638, 0639, 0633, 0634, 0635, 0121, 0122, 0165, 0653, 0142, 0661, 0669, 0670, 0671, 0654, 0655, 0115, 0116, 0664, 0149, 0114, 0154, 0665, 0105, 0107, 0163, 0657, 0103, 0106, 0109, 0140, 0640, 0673, 0237, 0678, 0680, 0667, 0666, 0668, 0166, 0110, 0649, 0676, 0677, 0098, 0189, 0096, 0188, 0681, 0100, 0139, 0101, 0167, 0187, 0674, 0102, 0672, 0675, 0108, 0112, 0164, 0111, 0141, 0195, 0097, 0660, 0186, 0214, 0642, 0192,

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0683, 0658, 0757, 0432, 0749, 0240, 0433, 0750, 0434, 0435, 0751, 0264, 0262, 0755, 0263, 0748, 0427, 0756, 0753, 0428, 0429, 0430, 0747, 0267, 0431, 0266, 0436, 0752, 0692, 0265, 0437, 0438, 0754) - Makes eligibility determinations for aged, blind or disabled applicants and recipients. (50/50)

Clerical Office Support (0078, 0619, 0621, 0628, 0077, 0624, 0068, 0631, 0074, 0071, 0072, 0629, 0625, 0632, 0273, 0620, 0276, 0319, 0274, 0320, 0402, 0272, 0275, 0271, 0318) - Provides clerical support to Regional Office eligibility determination staff. (50/50)

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BUREAU OF COMPLIANCE AND FINANCIAL REVIEW (BCFR)

Bureau Director I (0173) - Manages the BCFR, supervising the managers of the two units of the Bureau which include the Contracts Monitoring Unit and the Provider Review Unit; develops, implements and modifies as necessary policies and procedures and handles administrative activities for the Bureau; serves as liaison for the Bureau with other units of the Division of Medicaid and with other agencies and the public. (50/50)

Accounting/Auditing Technician (0303) - Provides administrative support to Bureau staff; assists Bureau staff in the development of special financial and other reports. (50/50)

Medicaid Financial Program Coordinator (0256) - Manages the Provider Review Unit, supervising the Accountant/Auditor IIIs of the Unit; handles operational and administrative activities for the Unit; establishes the Unit's policies and procedures including development of provider review plans; represents the Unit to providers, professional groups, other units of the Division of Medicaid, various agencies and organizations and other members of the public. (50/50)

Accountant/Auditor III (0290, 0309, 0302, 0309) - Serves as lead reviewer for a review team; supervises Accountant/Auditor IIs; prepares work plans, work papers, correspondence, and final reports for reviews; handles administrative duties for staff supervised. (50/50)

Accountant/Auditor II (0300, 0301) - Participates in the planning, conducting, and completing of provider reviews as directed by the supervising Accountant Auditor III. (50/50)

Division Director I (0247) - Manages the Contracts Monitoring Unit, supervising the Special Projects Officers IV and the Medicaid Program Administrators; handles operational and administrative activities for the Unit; establishes the Unit's policies and procedures including development of contractor review plans and analysis of contractors' billings; represents the Unit to contractors, professional groups, other units of the Division of Medicaid, various agencies and organizations and other members of the public. (50/50)

Special Projects Officer IV (0357) - conducts financial reviews of Medicaid Non-emergency Transportation (NET) group providers including preparation of the work plans, work papers, correspondence. and final report for the reviews; conducts research to finalize and document these reviews; assists in the development of contracts for Medicaid NET group providers. (50/50)

Special Project Officer IV (0061) - conducts compliance reviews of Medicaid Non-emergency Transportation (NET) group providers including preparation of the work plan, work papers, correspondence, and final report for the reviews; conducts research to finalize and document these reviews; develops the contracts for Medicaid NET group providers; monitors all NET group provider contracts to be sure they are current; supervises the Medicaid Field Auditor, Sr.; handles administrative activities associated with supervisory responsibilities. (50/50)

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Medicaid Field Auditor, Sr. - participates in compliance reviews of Medicaid Non-emergency Transportation (NET) group providers; conducts research to justify contract requirements of and policies/procedures for NET group providers. (50/50)

Medicaid Program Administrator (0161) - Supervises the Medicaid Investigator I and Medicaid Investigator II; handles administrative activities associated with supervisory responsibilities; develops work plans, work papers, correspondence, and final reports for contractor reviews; reviews billings from contractor. (50/50)

Medicaid Investigator I and II (0707, 0706) - Participates in the contractor reviews, including preparation of work plans, work papers, correspondence, and final reports; conducts analysis of contractor billings. (50/50)

Medicaid Program Administrator (0012) - Participates in contractor reviews, including preparation of work plans, work papers, correspondence, and final reports. (50/50)

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BUREAU OF PROGRAM INTEGRITY

Bureau Director I (0014) - Provides leadership, direction and supervision of the Bureau of Program Integrity. The Bureau of Program Integrity reviews and conducts investigations of provider and recipient fraud and abuse, conducts eligibility QC reviews on all Medicaid-only (MAO) and TANF cases. (50/50)

Secretary Executive (0040) - Provides clerical support for the Bureau of Program Integrity. (50/50)

Operations MGMT Analyst Principle. (0761) - Responsible for directing the activities of provider investigations, recipient investigations, and activities in the Beneficiary Recoupment Unit. Supervises: (1) Program Administrator, (3) Medicaid Investigator II, (1) Medicaid Investigator, (1) Medicaid Auditor II, (1) Accounting Auditing Tech. (50/50)

Nurse IV (0127, new) - Conducts medical necessity reviews on provider and beneficiaries. Reviews special reports in identifying fraud and abuse. Works with Medicaid Investigators with cases involving medical necessity. (75/25)

Nurse IV (0159) - Conducts medical necessity reviews on provider and beneficiaries. Produces special reports to identify fraud and abuse. Supervises (1) Medicaid Auditor II. (75/25)

Medicaid Investigator II (0053, 0151, 0034,) - Review and monitor reports produced in MMIS, SURS, MIRS and other special reports for fraud and abuse. Conducts field investigations of possible fraud and abuse activities of providers and recipients. (50/50)

Account Auditor III (New) - Work involves developing and or assisting in the development an accounting system for the bureau and preparing desk reviews of the claims of various provider types to be used for identifying provider fraud, abuse and billing problems. Work also involves using accounting principals in the formation of planning, special projects and budgets. Additional duties include ordering and running report requests for PI staff and other agencies, also, performing invoice audit of Medicaid providers. (50/50)

Medicaid Investigator (0044) - Reviews beneficiary cases involving ineligibility to determine amount of overpayment. Interviews and works with beneficiaries to set up payment plans. (50/50)

Medicaid Investigator (0131, New) - Review and monitor reports produced in MMIS, SURS, MIRS and other special reports for fraud and abuse. Conducts field investigations of possible fraud and abuse activities of DME, dentist and pharmacy providers. (50/50)

Medicaid Investigator II (0132) - Review and monitor reports produced in MMIS, SURS, MIRS and other special reports for fraud and abuse. Conducts field investigations of possible fraud and abuse activities of DME, and pharmacy providers. (50/50)

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Medicaid Program Administrator (013) - Responsible for directing the activities of DME, pharmacy and dental provider investigations, Supervises:(1) Medicaid Investigator II, (2) Medicaid Investigator (50/50)

Medicaid Auditor II (0367) - Responsible for assisting the Program Integrity Medical Review Unit and Investigation Review Unit in obtaining and compiling data and statistics required for investigations of possible fraud and abuse. Duties will include gathering and interpreting data produced by MMIRS Business Objects and Pandora, MMIS, SURS (Surveillance Utilization Review Subsystem) and any other data support system available to Program Integrity, and referring the data to the proper Medicaid staff or other agencies such as the Medicaid Fraud Control Unit, Office of the Inspector General, or Medicare. Duties also include, but are not limited to, ordering and distributing all provider histories to the nurses and investigators, auditing of claims, analyzing claims, formulating cases that will be assigned to nurses and investigators, maintaining a data base used for tracking the status and disposition of assigned cases, providing technical support to nurses and investigators, assisting nurses and investigators in field audits, and producing financial reports indicating amounts recovered by the unit/funds recovered from individual providers/outstanding balances owed by providers. (50/50)

Medicaid Auditor II (0013) - Identifies beneficiary overpayments and issues recoupment letters. Tracts inventory in the Bureau of Program Integrity. (50/50)

Accounting/Auditing Technician (0043) - Maintains the Beneficiary Recoupment system, Provider Audit Report, P.I. Tracking System. (50/50)

Operation Management Analyst, Principal - Assists the Bureau Director I in the management and operation of all functional requirements of Medicaid Eligibility Quality Control Unit within the Bureau of Program Integrity (50/50)

Medicaid Program Administrator - Responsible for the direct front-line supervision and operation of the Medicaid Quality Control Unit. (50/50)

DP-Technical Specialist I - Responsible for the management and control of the MEQC data entry process, maintenance and production of the MEQC data computer files and reports. (50/50)

Medicaid Investigator II - Responsible for conducting and reporting Medicaid eligibility quality control reviews. (50/50)

Medicaid Investigator - Responsible for conducting and reporting Medicaid eligibility quality control reviews. (50/50)